JIM RINGER HOME CARE

September 16, 2003

Joan Senecal
Dept. of Aging & Disabilities
103 South Main Street
Waterbury, VT 05671

Dear Ms. Senecal:

Hi my name is Monica Ringer. My husband, James and I are owners of a small residential care home in Vergennes, Vermont. We are a small care home with seven beds. I am writing to respond to Patrick Flood's memo dated September 4, 2003 regarding the draft 1115 Waiver program proposal. I have the following comments and concerns:

Our main concern is the potential financial strain that the 1115 waiver will put on our business. In Chapter 3, under Covered Service Limitations, paragraph 3, it says that Vermont has chosen not to include the following Medicaid State Plan services, ...(3) Assistive Community Care Services. Two of our residents currently receive this benefit. It appears that our business would be financially impacted by this provision of the new waiver.

We are not including the Assistive Community Care Services (ACCS) under this 1115 Waiver proposal. The ACCS program will continue to be part of the Medicaid State Plan. No changes are anticipated for this program.

What happens to an elderly Vermonter who has spent his/her own money on his/her care in a residential care home and have run out of resources or are going to run out in the immediate future and appear to be ineligible for services under the new waiver program? Are the residents sent back home to live where they would be unsupervised? If the residents have to return home because they are ineligible for services doesn't it put them at greater risk for injuries?

If the individual has been paying with private funds and is no longer able to pay for care in that residential care home, the home may elect to enroll that individual in the Assistive Community Care Services (ACCS) Medicaid program. ERC is available to individuals in the Highest Needs group and funding will be available for this group. People in the High Needs group are eligible for ERC if funds are available. If funds are not available, they are still eligible for the ACCS program. If the home participates in the Enhanced Residential Care program, as yours does, and the individual meets the functional and financial criteria for that program and wants to remain in the home, he/she could request to use the ERC program to pay for the care. Under the 1115

Waiver, the individual would not have to wait for a waiver slot to become available. If she/he is eligible for the Highest Need group, the Waiver would pay for the services.

Another concern we have is: if elderly Vermonters are kept at home longer when they come to a residential care home they may be sicker and require more care. This will financially impact residential care homes and it will increase the operating expenses for the residential care homes. The residential care homes will need more staff to care for the residents because their care needs will be higher.

While this scenario might occur to some degree, we do not anticipate a significant change in the level of care of people using residential care and the ERC program. We will continue to look for ways to grow the financial support for residential care homes. The ERC program now pays for care according to the degree of need as determined by an individual's assessment – a "tiered" reimbursement system. We believe it is wise to continue that approach and build in rate increases as funds become available.

On another note, why does the State not allow the elderly Vermonters to have supplemental support from their families if they are receiving financial assistance from the State? If the resident's resources are limited to what they receive from the State, in many cases, it is not possible for the residential care home to keep the resident on the limited income received from the State. If elderly Vermonters were allowed to have supplemental support from their families to pay for their care in a residential care home it would allow the resident to stay in the care home for a longer period of time and possibly to the end of their life.

We are aware of this issue and are currently studying the issue of the "cap" for room and board in the ACCS program. As far a Medicaid reimbursement for <u>care</u> provided in the home is concerned, under Medicaid rules, the participating provider agrees to accept the Medicaid payment as payment in full.

On a technical note, a table of contents to outline the Demonstration Waiver proposal would be helpful to the reader.

Agreed. It is included in the final version.

We may consider leaving the program due to the potential financial impact the Waiver program is likely to place on our small business.

We believe you will find that this 1115 proposal will actually make it easier for individuals to access the ERC program and receive that care in your home.

Please feel free to call me with any questions. Thank you for your attention to our response.

Sincerely,

Monica Ringer